

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Applications can also be completed online at ahschools.us/freereduced

Please use these instructions to help you fill out the application for educational benefits (free or reduced-price school meals). You only need to submit one application per household, even if your children attend more than one school in **Anoka-Hennepin Schools**. The application must be filled out completely in order for us to process the application. Please follow these instructions in order. Each step of the instructions is the same as the steps on the application. If you have questions, please contact the Child Nutrition department at 763-506-1240.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND PRINT CLEARLY.

STEP 1: LIST ALL STUDENTS ATTENDING AN ANOKA-HENNEPIN SCHOOL.

Tell us how many children attending an Anoka-Hennepin school live in your household. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

Whom should I list here?

- Children supported with the household's income under age 18 and enrolled in an Anoka-Hennepin school.
 - Children in your care under a foster arrangement with the state, if foster child make sure to check the box to the right of the name.
- A) **List each students' ID (if you know it), name, date of birth and grade.** Use one line in Step 1 for each child. Stop if you have more than 5 children enrolled and attach a second application or piece of paper with all required information for the additional children.
- B) **Do you have any foster children?** If any children listed are foster children, mark the "Foster Child" box on the far right of the page, next to the child's date of birth. If you are **ONLY** applying for foster children go right to STEP 4 after finishing STEP 1. If you are applying for both foster and non-foster children, go to STEP 3 after finishing STEP 1.

STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: SNAP (formerly Food Stamps), MINNESOTA FAMILY INVESTMENT PROGRAM (MFIP), OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)? **NOTE – MEDICAL ASSISTANCE CANNOT BE USED.**

- A) **YES, SOMEONE IN YOUR HOUSEHOLD PARTICIPATES IN ONE OF THE ABOVE LISTED PROGRAMS:** Check the box next to the applicable type of assistance and write the case number in the box. **DO NOT INCLUDE MEDICAL ASSISTANCE CASE NUMBERS.** You only need to write one case number. **Proceed to STEP 3 and skip STEP 4.**
- B) **NO, NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:** proceed to STEP 3 on these instructions and STEP 3 on your application.

STEP 3: SHARING OF INFORMATION.

- A) **LEAVE THE BOX BLANK TO ALLOW ANOKA-HENNEPIN ASSISTANCE PROGRAMS and MINNESOTA HEALTH CARE PROGRAMS TO PROVIDE ADDITIONAL ASSISTANCE.** If you qualify for free or reduced meals, you may get waived or reduced fees for school-related programs or activities. By checking the box you will not get further assistance or waived or reduced fees for other Anoka-Hennepin activities.

STEP 4: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS. If you have a case number in STEP 2, you do not need to fill this part out.

- A) **STEP 4.A. LIST ANY INCOME RECEIVED ONLY FOR STUDENTS.** Examples are SSDI, SSI or gross wages received **ONLY** for the child.
- B) **STEP 4.B. LIST ALL OTHER HOUSEHOLD MEMBERS (including yourself, non-students, i.e. infants, others)** who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.

REPORT TOTAL GROSS INCOME (BEFORE TAXES AND DEDUCTIONS) for each household member with income for each source provided. Report all income in whole dollars **ONLY**. **Do not include cents.** If they do not receive income from any source, write "0". If you write "0" or leave any income fields blank, you are certifying (promising) that there is no income to report. Write how often you are paid in the boxes to the right of each field (W=Weekly, E = Every 2 weeks, T = Twice a month, M = monthly).

- **Report all amounts in GROSS INCOME ONLY.** Gross income is the total income before taxes; many people think of income as the amount they "take home" and not the total "gross" amount. Make sure that the income you report on this application has NOT been reduced for taxes, insurance premiums, or any other amounts deducted from your pay.
- **What if I am self-employed?** Self-employment can be your Net income from your previous years' IRS Form 1040, Schedule C, Line 31 (Net Profit or (Loss)) and dividing by 12 to calculate a monthly amount.

REPORT TOTAL HOUSEHOLD SIZE. Enter the total number of household members in the field "Total Household Size (add students in Step 1 and members in Step 3)." This number **MUST** be equal to the number of students in Step 1 and the number of household members listed in STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

PROVIDE ONLY THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER. The household's primary wage earner or another adult household member must provide the last four digits of his/her Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, mark the box to the right labeled "Check here if no SSN".

STEP 5: CONTACT INFORMATION AND ADULT SIGNATURE

An adult member of the household must sign all applications. By signing the application, that household member is promising that all the information has been truthfully and completely reported. **Before completing this section, please also make sure you have read the privacy and civil rights statements at the bottom of these instructions.**

- A) **SIGN AND PRINT YOUR NAME.** Sign your name in the box "Signature of adult completing the form" and print your name in the box "Printed name of adult completing the form".
- B) **WRITE TODAY'S DATE** in the space provided.
- C) **PROVIDE YOUR CONTACT INFORMATION.** Write your phone number(s) in the fields provided. Sharing a phone number or email helps us reach you quickly if we need to ask you a question.

MAIL THE COMPLETED APPLICATION TO: CHILD NUTRITION PROGRAM, 2727 N. FERRY ST., ANOKA, MN 55303

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](https://www.ascr.usda.gov/complaint_filing_cust.html) (AD-3027) [found online](https://www.ascr.usda.gov/complaint_filing_cust.html) at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov

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